



**THE COMMONWEALTH OF MASSACHUSETTS**  
**EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**  
**DEPARTMENT OF PUBLIC HEALTH**  
**DIVISION OF HEALTH PROFESSIONS LICENSURE**  
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**BOSTON, MA 02114**  
**617-973-0806**  
[www.mass.gov/dph/boards](http://www.mass.gov/dph/boards)

**BOARD OF REGISTRATION OF PHYSICIAN ASSISTANTS**

**CHANGE IN SUPERVISING PHYSICIAN**

Complete this form and submit it to the Board within 30 days if you are:

1. replacing your current supervising physician OR
2. adding an additional supervising physician OR
3. terminating a supervising physician.

If you are reporting changes in more than one work setting, you must complete and submit a separate form for each supervising physician in each work setting.

PA Name : \_\_\_\_\_

Last	First	Middle	License #
Address : _____			
Number	Street	City/Town	State Zip

\_\_\_\_\_ **Replacing supervising physician:**

Previous Supervising Physician: \_\_\_\_\_

Last	First	MI	License #
New Supervising Physician: _____			
Last	First	MI	License #

Effective Date: \_\_\_\_\_

\_\_\_\_\_ **Adding additional supervising physician:**

New Supervising Physician: \_\_\_\_\_

Last	First	MI	License #
Effective Date: _____			

\_\_\_\_\_ **Terminating supervising physician:**

Physician Name: \_\_\_\_\_

Last	First	MI	License #
Effective Date: _____			

**TO BE COMPLETED BY SUPERVISING PHYSICIAN:**

A licensed physician can be the Supervising Physician of Record for no more than two (2) Physician Assistants at any one time [M.G.L., C 112, Sec 9E and 263 CMR 5.05 (2)]. List all physician assistants currently under your supervision:

Name: \_\_\_\_\_ Lic. Number: \_\_\_\_\_

Name: \_\_\_\_\_ Lic. Number: \_\_\_\_\_

**If you answer YES to any of the questions below, please submit a separate sheet with a detailed explanation.**

Have you [the supervising physician] been disciplined [as defined by the Board of Registration in Medicine regulations] by any government authority, hospital or health care facility or professional medical association [international, national or local] within the past ten years from the date of this application?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Within the last ten years from the date of this application, have you ever had staff privileges, employment or appointment in a hospital or health care institution denied, suspended or revoked?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Within the last ten years from the date of this application, have you ever resigned from a medical staff in lieu of disciplinary action or has any quality assurance committee suggested any form of corrective action concerning your practice?

\_\_\_\_\_ Yes \_\_\_\_\_ No

I understand that, notwithstanding any other provisions of law, a physician assistant may perform medical services when such services are rendered under my supervision. Such supervision shall be in conformance with Board regulations at 263 CMR 5.04 and 5.05.

\_\_\_\_\_  
Signature of Supervising Physician

\_\_\_\_\_  
Date

**A MA Board of Registration in Medicine Physician Profile must be attached. Profiles are available on line at [www.massmedboard.org](http://www.massmedboard.org). Send the profile and the completed form to the MA Board of Physician Assistants at the address above. Make a copy for your records. You will not receive confirmation of receipt by the board.**